



125 Dillmont Dr  
Columbus, Ohio 43235  
614-844-5433

[www.thelearningspectrum.com](http://www.thelearningspectrum.com)

## **Enrollment Packet Contents**

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### School Schedule

First Day of School	Tuesday August 23, 2011
No School- Labor Day	Monday September 5, 2011
No Classes SGL, K, Pre K- Parent Teacher Conferences	Monday October 17, 2011
No School- Thanksgiving Break	Wednesday November 23- Friday November 25, 2011
School Resumes	Monday November 28, 2011
No School- Winter Break	Friday December 23- Friday December 30, 2011
School Resumes	Monday January 2, 2012
No School- MLK Day	Monday January 16, 2012
No School- President's Day	Monday February 20, 2012
No Classes SGL, K, Pre K- Parent Teacher Conferences	Monday March 5, 2012
No School- Spring Break	Monday April 2- Friday April 6, 2012
School Resumes	Monday April 9, 2012
No School- Memorial Day	Monday May 28, 2012
Last Day of School	Friday June 1, 2012

# *Services Handbook*



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*Dear Parents/Guardians,*

*This handbook has been designed to help you and your student better understand the policies and procedures at The Learning Spectrum. It is not all-inclusive, but does cover most of the common concerns and questions that we encounter.*

*The staff at TLS continually encourage your active participation in education, therapy and programs here. A strong partnership between home and intervention can greatly benefit your student as they grow.*

*As always, we are here to assist you and your student. Please feel free to contact us if we can be of service to you.*

*Sincerely,*

*TLS Staff*



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## About TLS...

The Learning Spectrum was formed in 2004 by two special education teachers and a parent who saw a need in the community for a wide variety of services for children with ASD. Combined, they have over twenty-five years experience working with children with Autism. Their vision is to provide families with individualized services designed to meet the needs of children in and out of the school setting.

As Autism Scholarship providers, the Learning Spectrum is able to create individualized education programs as well as work within the IEP to help meet specific educational goals. In addition, The Learning Spectrum offers support in inclusive settings including daycares, pre-school and public/private schools. The overall goal of all intervention is to help children grow and prosper in their natural environments.



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TLS takes a strengths based approach when considering the abilities and developing abilities of the children and adolescents with whom they work, in other words, the staff have positive attitudes and are optimistic about the fact that their clients can and will further develop their cognitive abilities and their abilities to function independently.

TLS focuses on using Applied Behavior Analysis (ABA) to analyze problem behaviors and to in turn create appropriate behavioral interventions that allow for their clients optimum learning of academic, social, and communication skills. These behavioral interventions are ideally incorporated into the child or adolescents' natural environment so that the appropriate behaviors can be learned more completely and then generalized to other environments.

With the addition of speech, occupational, and music therapies, TLS is able to create a comprehensive transdisciplinary approach to working with children.



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## ATTENDANCE

Students will adhere to their scheduled class or individual appointment times. Please do not plan to arrive before your scheduled time. If you arrive early, you will be asked to wait in the waiting areas until a staff member greets you.

## CLIENT ATTENDANCE POLICY

Please see attached policy and return signed Notice of Attendance and Cancellation Policy to the office.

## AUTISM SCHOLARSHIP CLIENTS

All Autism Scholarship clients are required to have a copy of the approval letter from the Ohio Department of Education, a current IEP, and signed contract regarding payment for services on file before the start of any service.

## COUNTY FUNDING CLIENTS

All clients utilizing county funding sources must provide an approval letter from their county office including amounts and services that will be covered prior to the start of any services.

## BEHAVIOR CLAUSE

In order to ensure all groups provide a safe and effective learning environment, we ask that participant's behavior be manageable in a group setting. The Learning Spectrum reserves the right to discuss with parents the need for an individual aid for any child who is exhibiting behavior that takes away from the learning experience. If an individual aid is required, parents will be asked to pay an additional fee to cover the cost, or provide their own aid.

## INSURANCE CLIENTS

All clients utilizing insurance for services are required to have a copy of their insurance card on file along with all documentation requested by their individual insurance provider prior to the start of any services.

## LATE PICK UP POLICY:

To ensure that our teachers and staff are able to keep their schedules, we ask that you comply with a prompt pick up policy. There will be a late pick up charge of 5.00 for the first 10 minutes and one dollar for every additional minute late.

## EMERGENCY MEDICAL FORMS:

Parents are required to fill out an emergency medical form before the student may stay for any programs or classes. These are kept on file, but must be updated annually. All information on this form will be used to guide our intervention in the case of an illness, injury or emergency at the center. Parents are responsible for notifying the school in writing of changes to the information on the form throughout the year.



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## EMERGENCY CLOSINGS AND DELAYS:

TLS will follow the Worthington City Schools for any cancellations due to inclement weather. If there is a question, you may call the office number and a recorded message will let you know the status of services for the day.

There may be a time when it is necessary to dismiss services during the day because of an emergency. In such a case, parents will be contacted at their emergency numbers and expected to pick their child up in a timely manner.

## FOOD SERVICE

Students are asked to send in their own snacks/meals properly labeled. We will not provide students with food if they do not have it. Many of our students are on restricted diets, and therefore we are as careful as we can be about cross contamination during eating periods.

If your child is on a restricted diet, please make sure to talk with their teacher directly and also indicate this on their emergency medical forms. We practice due diligence when restricting access to food within the center or inclusive placements and will do our best to follow guidelines that are set by the parent/professional teams. We cannot guarantee that a child will not inadvertently gain access to restricted items. Please include an emergency plan if restricted items are consumed.

## HEALTH REGULATIONS

Students are not permitted to carry or administer medications to self at any time. To administer medication during program times, a Medication Administration form must be completed and on file. Parent notes are required for cough drops and any other over the counter medications.

Occasionally, it may be necessary for TLS staff to send a student home from services due to the possibility of a communicable disease. The child will be permitted to return to services when the condition has cleared up, or the student returns with a doctor's note.

## ILLNESS/INJURY AT SCHOOL

It is important that students are not sent to school if they have experienced a fever of 100 degrees F, vomiting, diarrhea, and/or persistent cough within the last 24 hours. It is advisable to keep a student home until the child is symptom free for 24 hours without benefit of any medication. If a child returns to school and remains ill, parents will be called. If you and the other people listed on your emergency contact list are unavailable, please designate a person we can call temporarily in the event of an illness or accident and notify the office of this change in writing.

## MEDICAL CONCERNS- ALLERGIES

It is imperative that all school personnel know of any type of allergy your child has, such as to bee stings or foods. This information should be provided to your child's teacher/provider before services begin. Please include any information on treatment and protocol if allergies are encountered.



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## OFFICE HOURS

The center office has variable hours. Voicemail messages will be checked frequently throughout the day. If you are unable to reach a staff person, please leave a message and your call will be returned as soon as possible. If you wish to meet with a supervisor, please call to schedule a time so that we can make sure to give you our full attention.

## PAYMENTS FOR SERVICES

Payment for services must be agreed upon before beginning. You are required to sign a contract of understanding of the current fee schedule and payment methods. We are able to accept credit card payment as an option. We are happy to accept checks as form of payment with your name, address and phone number. If we receive a notice from the bank of a non-sufficient fund, you will be charged any additional service fees associated with the payment.

In addition if your account becomes overdue and you receive notice from TLS, you will have 3 business days to resolve your account or services will be terminated.

## PHYSICAL EDUCATION/ACTIVITY

Physical education and activities may be incorporated into group, individual, or therapy service activities. If your child has some limitations to participate in physical activities, it will be necessary to make staff aware of the situations so that they can be excused.



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## PROGRESS REPORTS

Progress reports for full time students will be completed quarterly. Therapy clients will be completed as scheduled with their therapist. Any other progress reports will be completed as requested by parents or other service or funding agencies. Progress reports may include an additional charge.

## RELEASE OF STUDENT PHOTOS, MEDIA

During services, we may have the opportunity to photograph students in a variety of service related activities. As such, these photographs may be used in slideshows in house or in the community. Parents have the right to submit a written request to the office if they would like their child to be excluded from photo sharing.

## RELEASE OF STUDENT RECORDS

Student records or reports will be shared only with written consent. Autism Scholarship clients will have quarterly reports shared with their home school district in accordance with the guidelines outlined by the program.

## SCHOOL VISITATION

We welcome visitors to our center, but prefer for safety reasons, that you make an appointment with the office or let a staff person know in advance that you are coming.

## TRANSPORTATION

If transportation is being provided at any time, for any reason by a TLS staff member, a waiver must be on file in the office.

## VALUABLE PROPERTY/DAMAGE

Valuable personal property of students such as radios, iPods, jewelry, electronic games, cell phones, etc. may be brought to the center and used during break periods. TLS does not accept responsibility for the loss or damage of personal property. Any property damaged by students within the center will be replaced at the student's cost.

## WAIVER OF LIABILITY/RELEASE

In providing services to those students affected by autism certain challenges may be faced. In particular, outbreaks of aggressive behavior and difficulty of control are issues faced regularly by those providing services to clients. TLS staff will never intentionally inflict corporal punishment and/or engage in violent or turbulent behavior with a client, but will use reasonable techniques of control in accord with standard practices for dealing with children with special needs. In signing this handbook acknowledgement, TLS and its staff will be released from any liability incurred in the normal process of delivery of services. This release will not affect any gross and wanton negligence and/or acts where the intent is to harm a client.



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## WITHDRAWAL OF STUDENTS

If you find it necessary to change services during the course of the year, we require a 30 day notice of cancellation. You will be required to complete a written notice to the office of your intent to withdraw and have it signed by a supervisor. You will incur regular charges for services until the 30 day period is over.



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**MY SIGNATURE AT THE BOTTOM OF THIS PAGE VERIFIES THAT I HAVE RECEIVED THE STUDENT HANDBOOK AND AGREE TO COMPLY WITH ALL POLICIES OUTLINED WITHIN IT.**

**Student's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_



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### Emergency Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Names Emergency Contacts:

1. \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

2. \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Authorization is hereby given to The Learning Spectrum staff to release the above named child to the following persons, provided proper identification.

1. \_\_\_\_\_ Relationship: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_

3. \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician to be contacted in an emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Specific Diet Restrictions \_\_\_\_\_

Additional Medical Information: \_\_\_\_\_

I, the undersigned authorize the staff at The Learning Spectrum to take what emergency medical measures are deemed necessary for the care and protection of my child enrolled at The Learning Spectrum.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## **Parent Evaluation Form**

1. Child's Name: \_\_\_\_\_
  
2. Child's Diagnosis: \_\_\_\_\_
  
3. Child's Current Educational Placement:
  - Public classroom setting
  - Public classroom setting with aide/tutor
  - Private/Charter school
  - Private/Charter school with aide/tutor
  - Homeschool
  - Other
  
4. What would you like to see your child accomplish at The Learning Spectrum: \_\_\_\_\_  
\_\_\_\_\_
  
5. Self Help Concerns:
  - None
  - Potty Training
  - Dressing
  - Cleanliness/Hygiene
  
6. Do you have concerns with fine and gross motor skills \_\_\_\_\_? If yes please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please describe any behavioral issues you see in your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Does your child have any physical restrictions? \_\_\_\_\_ If yes please explain \_\_\_\_\_  
\_\_\_\_\_
9. Do you feel your child can be successful in a ratio of 10:2? \_\_\_\_\_  
\_\_\_\_\_
10. Do you plan to send a 1:1 aide to The Learning Spectrum with your child? \_\_\_\_\_
11. Is your child on a restricted diet? \_\_\_\_\_  
\_\_\_\_\_
12. Please list your child's strengths, weaknesses, and challenges: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Please list any additional information that may be helpful for our staff and the program your child will be attending: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Parent Signature

Date



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### **Teacher/Counselor Evaluation Form**

Dear Teacher/Counselor,

Please take a moment of your time to help us learn a little more about each child that is enrolled in our summer camp program. This is a key component in aiding our staff to build a fun, trusting, friendship during their time with us.

1. Child's Name: \_\_\_\_\_

2. How do you know the child: \_\_\_\_\_

3. Child's academic placement:

- public school regular classroom
- public classroom with aide/tutor
- private/charter
- other: \_\_\_\_\_



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4. Has this child shown any signs of difficulty with authority? \_\_\_\_\_ If yes please explain how so and how it was handled:

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5. Has this child shown any signs of behavioral issues? \_\_\_\_\_ If yes please explain how so and how it was handled:

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6. Please use the space below to share any other information you feel would be beneficial for our staff to know when working with this child:

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7. Please list three ways the child was successful:

A: \_\_\_\_\_

B: \_\_\_\_\_

C: \_\_\_\_\_

8. Do you feel the child would be successful in a ratio of 10:2?

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Signature

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Title/Position

\*Please mail this completed form back to The Learning Spectrum at the above address\*